U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 89

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of	person filing.	4. Name, file number, and address of labor organization.
Name Ricky	Tamashiro *	Name Bricklayers AFL-CIO, Local Union #1
		Labor Organization File Number 025-992
P.O. Box, Bldg., Room	No., if any	P.O. Box, Building and Room Number, if any
Street 2251 North	n School Street	Street 2251 North School Street
City Honolulu		City Honolulu
State Hawaii	ZIP Code + 4 96819	State Hawaii ZIP Code + 4 96819
i. Position in labor organi	zation. Vice President	
A. Held an interest in e	except as specified in the e	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):  , or derived income or other economic benefit of ization represents or is actively seeking to represent.
	Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
Topic Addition is		
P.O. Box, Bldg., Room N	lo., if any	7.b. Amount.
Street		7.D. Amount.
City		
State :	ZIP Code + 4	Semi-definition of months and the supplier of
	8	Signature
Submitted in this report	<b>fication.</b> The undersigned declares, under penalty (including the information contained in any accompge and belief, true, correct, and complete. (See the	y of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the exection on penalties in the instructions.)
Signed \( \square\)	Sal 6	On 8 9 05 (808) 841-0491
	V	Date Telephone Number

Name of Person Filing Ricky Tamashiro	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Hawaii Masons & Plasterers Training Trust Fu  Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any  Street 2251 North School Street	b. Trust c. Employer		
City Honolulu			
State Hawaii ZIP Code + 4 96819			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Employed by Hawaii Masons & Plasterers Train Trust Fund. Fringes benefits are part of employ arrangement. Outer island travel seminar attended	ment	
Trade Name, if any:	celluar phone, and reimbursed expenses are all related.  (See Attachment - Page 1 of 6)		
P.O. Box, Bldg., Room No., if any	(bee Accaciment Tage 1 of 0)		
Street	11.b. Approximate dollar value of such dealing. \$4	14,916	
City	12.a. Nature of interest held or income received.	11111	
State ZIP Code + 4	Employed by Hawaii Masons & Plasterers Train Trust Fund to coordinate and aid in overseeing general training program activities. Instructor fees are paid for services perform provide active guidance and teaching. (See Attachment - Page 1	J	
	The contract of the contract o	aller of the consideration of the last of the constant of	
	12.b. Amount. \$5	91,318	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	wake etc kee .	
Name			
Trade Name, if any:		2	
P.O. Box, Bldg., Room No., if any		,	
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Ricky Tamashiro	File Number <b>U-</b>

		O Business deals with	
8. Name and address of Business (include	ding trade name, if any).	9. Business deals with:	
Name Masons Health & Welfar	e Trust Fund	N.Z. a. Labor Organization	
Trade Name, if any:	The second way to the contract of the second	a. Labor Organization	
P.O. Box, Bldg., Room No., if any		b. Trust	
Street 2251 North School		c. Employer	
City Honolulu	ander en antiente antiente en		
State Hawaii	ZIP Code + 4 96819		
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.	
Name	1900 - Million and the Admin of the ring gave and hidden for the method specified and produced plays, ideal or configurations for	Mr. Tamashiro's spouse is employ	yed by the Hawaii
Trade Name, if any:	The control of the co	Masons & Plasterers Administrative Fringes benefits are part of emparrangement. Seminar attendance ex	ployment
	der er Margal Miller in de regione en er en den geste en de handligen minde en men consentation in de general de partie de partie de la partie del la partie de la partie de la partie del la partie de la partie de la partie de la partie della partie della partie della partie de la partie della partie del	related.	cpense is job-
P.O. Box, Bldg., Room No., if any	The state of the to the basis of a management of the management and management in the first of the state of t	(See Attachment - Page 2 of 6)	
Street	те и постоя выполня виденти на выполня виденти на под виденти под виденти в под виденти в на под виденти в на п В постоя в		\$ -
City	ter contribution to the extrement of the continuous terminal to the contribution of th		
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$8,044
		12.a. Nature of interest held or income received.	have many many many many many many many many
		Mr. Tamashiro's spouse is employ Masons & Plasterers Administrative (See Attachment - Page 2 of 6)	red by the Hawaii
		12.b. Amount.	\$15,483

Name of Person Filing Ricky	Tamashiro	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Hawaii Masons Vacation & Holiday Trust Fund	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 2251 North School Street	c. Employer	
City Honolulu		
State Hawaii ZIP Code + 4 96819		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.	
Trade Name, if any:	Fringes benefits are part of employment arrangement. Seminar attendance expense is job-	
	related.	
P.O. Box, Bldg., Room No., if any	(See Attachment - Page 3 of 6)	
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$2,254	
	12.a. Nature of interest held or income received.	
	Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office. (See Attachment - Page 3 of 6)	
	12.b. Amount. \$4,099	
	1 44,099	

Name of Person Filing Rick	/ Tamashiro	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Hawaii Masons & Plasterers Annuity Trust Fun  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2251 North School Street  City Honolulu  State Hawaii ZIP Code + 4 96819  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	b. Trust  c. Employer  11.a. Nature of such dealing.  Mr. Tamashiro's spouse is employed masons & Plasterers Administrative.	re Office
P.O. Box, Bldg., Room No., if any Street City	Fringes benefits are part of emarrangement. Seminar attendance excellented.  (See Attachment - Page 4 of 6)	nlowent
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$3,643
	12.a. Nature of interest held or income received.	And the second section of the section of the second section of the second section of the second section of the section of the second section of the
	Mr. Tamashiro's spouse is employ Masons & Plasterers Administrative (See Attachment - Page 4 of 6)	yed by the Hawaii
	12.b. Amount.	\$6,831

Manage CD man		Y
Name of Person Filing Ricky	Tamashiro	
- Tricky	iamashiro	File Number U-

8. Name and address of Business (including trade name, if any).  Name Masons Pension Trust Fund  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 2251 North School Street  City 2251 North School Stree  State Hawaii ZIP Code + 4 96819  11.a. Nature of such dealing.  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.  Fringes benefits are part of employment arrangement. Seminar attendance expense is job-related.  (See Attachment - Page 5 of 6)  11.b. Approximate dollar value of such dealing.  56, 886  12.a. Nature of interest held or income received.  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.  (See Attachment - Page 5 of 6)				
Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 2251 North School Street  City 2251 North School Stree  State Hawaii ZIP Code +4 96819  10. if 9.b. or 9.c. is checked give trust or employer's name.  Name Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.  Fringes benefits are part of employment arrangement. Seminar attendance expense is jobrelated.  (See Attachment - Page 5 of 6)  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.  (See Attachment - Page 5 of 6)	8. Name and address of Business (including trade name, if any).	9. Business deals with:		
P.O. Box, Bldg., Room No., if any  Street 2251 North School Street  City 2251 North School Stree  State Hawaii	Name Masons Pension Trust Fund	(SZ) a Labas Ourani, ii		
Street 2251 North School Stree  State Hawaii ZIP Code+4 96819  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.  Fringes benefits are part of employment arrangement. Seminar attendance expense is jobrelated.  (See Attachment - Page 5 of 6)  Street  2IP Code+4  11.b. Approximate dollar value of such dealing.  % The Masons & Plasterers Administrative Office.  (See Attachment - Page 5 of 6)  12.a. Nature of interest held or income received.  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.  (See Attachment - Page 5 of 6)	Trade Name, if any:	a. Labor Organization		
State Hawaii ZIP Code + 4 96819  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.  Fringes benefits are part of employment arrangement. Seminar attendance expense is jobrelated.  (See Attachment - Fage 5 of 6)  Street  11.b. Approximate dollar value of such dealing. \$6,886  12.a. Nature of interest held or income received.  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.  (See Attachment - Page 5 of 6)	P.O. Box, Bldg., Room No., if any	b. Trust		
State Hawaii ZIP Code + 4 96819  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office. Fringes benefits are part of employment arrangement. Seminar attendance expense is jobrelated.  (See Attachment - Page 5 of 6)  State ZIP Code + 4  11.b. Approximate dollar value of such dealing. \$6,886  12.a. Nature of interest held or income received.  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.  (See Attachment - Page 5 of 6)	Street 2251 North School Street	c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office. Fringes benefits are part of employment arrangement. Seminar attendance expense is jobrelated. (See Attachment - Page 5 of 6)  Street  City  State  ZIP Code +4  11.b. Approximate dollar value of such dealing.  \$6,886  12.a. Nature of interest held or income received.  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office. (See Attachment - Page 5 of 6)	City 2251 North School Stre			
Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office. Fringes benefits are part of employment arrangement. Seminar attendance expense is jobrelated. (See Attachment - Page 5 of 6)  Street  City  State  ZIP Code + 4  11.b. Approximate dollar value of such dealing. \$6,886  12.a. Nature of interest held or income received.  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office. (See Attachment - Page 5 of 6)	State Hawaii ZIP Code + 4 96819	n-od		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  11.b. Approximate dollar value of such dealing.  Yes, 86,886  12.a. Nature of interest held or income received.  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.  (See Attachment - Page 5 of 6)	10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  11.b. Approximate dollar value of such dealing. \$6,886  12.a. Nature of interest held or income received.  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.  (See Attachment - Page 5 of 6)	Name	Mr. Tamashiro's spouse is employed	l by the Hawaii	
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  11.b. Approximate dollar value of such dealing. \$6,886  12.a. Nature of interest held or income received.  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.  (See Attachment - Page 5 of 6)	Trade Name, if any:	Fringes benefits are part of emplo	vment	
State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$6,886  12.a. Nature of interest held or income received.  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.  (See Attachment - Page 5 of 6)	P.O. Box, Bldg., Room No., if any	related.		
State  ZIP Code + 4  11.b. Approximate dollar value of such dealing. \$6,886  12.a. Nature of interest held or income received.  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.  (See Attachment - Page 5 of 6)	Street	(See Accacimient - Page 5 or 6)		
11.b. Approximate dollar value of such dealing. \$6,886  12.a. Nature of interest held or income received.  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.  (See Attachment - Page 5 of 6)	City	and and a second of the second		
12.a. Nature of interest held or income received.  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.  (See Attachment - Page 5 of 6)	State ZIP Code + 4		10 to a financia con a consistencia il consistencia di consistencia di consistencia di consistenzia di consist	
Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office. (See Attachment - Page 5 of 6)	Processor of the control of the cont		\$6,886	
Masons & Plasterers Administrative Office.  (See Attachment - Page 5 of 6)			Militario M. Anno a companie como Capaning no manticipal de namentamenta por el como qui desta q	
12.b. Amount. \$13,207		Masons & Plasterers Administrative Of	oy the Hawaii Efice.	
		12.b. Amount.	\$13,207	

Name of Person Filing Ricky	Tamashiro	File Number U-	

8 Name and address of Rusiness (including trade name if any)	9. Business deals with:
8. Name and address of Business (including trade name, if any).  Name Hawaii Masons & Plasterers Training Trust Fu  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2251 North School Street  City Honolulu  State Hawaii ZIP Code + 4 96819	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office. Fringes benefits are part of employment arrangement. Seminar attendance expense is job- related. (See Attachment - Page 6 of 6)
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$3,180
	12.a. Nature of interest held or income received.
	Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office. (See Attachment - Page 6 of 6)
	12.b. Amount. \$5,920

Name of Person Filing Ricky	Tamashiro	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:
A TO A PER AN AND A PER AND A PERSON AND A	
Name Aloha State Marketing	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 99-1011 Kaikukumu Street	c. Employer
City Ewa Beach	
State Hawaii ZIP Code + 4 96706	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Promotional event for masonry contruction industry
Trade Name, if any:	
The explanation are provided and the case of major and all accounts and major and an account of major and account of the case	
P.O. Box, Bldg., Room No., if any	
Street	
City	
Enter the contract of the cont	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$100
	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing Ricky Tamashiro	File Number <b>U</b> -

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Western Apprenticehsip Coordinators Assoc.	a. Labor Organization		
Trade Name, if any:	(23)		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 2251 North School Street	c. Employer		
City Honolulu			
State Hawaii ZIP Code + 4 96819			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Promotional event to promote construction industry training of apprentices		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
City			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$50		
	12.a. Nature of interest held or income received.		
	12.b. Amount.		

# Attachment to Form LM-30, Line 11.a,b

D ( )	Amount of		
<u>Date of payments</u> January 1, 2004 through December 31, 2004	payments 40.424	Kind of payment Fringe benefit	Method of payment Check
December 31, 2004	12,131 10,193	Health & welfare Annuity	
	5,363	Pension	
	27,687	<b>-</b>	
January 1, 2004 through	•	Outer island travel done monthly	Check
December 31, 2004	3,981	Airfare	31.33K
	2,082 4,760	Hotel Materials	
	10,823	_ Materials	
		<b>-</b>	
January 1, 2004 through December 31, 2004	559	Seminar (1/2005) Airfare	Check
2000111501 01, 2004	1,203	Hotel	
	915	Registration	
	527	Ground transporation Meals	
	1,040 4,244	- Ivicais	
		• •	
January 1, 2004 through	1.522	Others Cellular phone	Check
December 31, 2004		Reimbursed expenses	Check
	2.462	-	
	2,162		
Total	44,916		
Attachment to Form LM-30, Line	12.a,b		
		Wages and fees	
January 1, 2004 through	79,284	•	Check
December 31, 2004	6,920	Vacation fringe benefit	Check
January 1, 2004 through	4,940	Instructor fees	Check
December 31, 2004			
Total	91,318		

Amounts paid to as an employee of the Hawaii Masons and Plasterers Training Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

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Attact	<u>Date of payments</u> nment to Form LM-30, Line	Amount of payments	Kind of payment	Method of payment
Attaci	intent to Form Livi-30, Lifte	11.a,D		
HW	January 1, 2004 through December 31, 2004	1,990 1,823 2,468	Fringe benefit Health & welfare Annuity Pension	Check
	January 1, 2004 through December 31, 2004	114	Meeting expenses for attendence at quarterly trust fund meetings	Check
		55	Meeting expenses for attendence at monthly delinquency committee meetings	Check
	January 1, 2004 through December 31, 2004	316 553 337 - 387	Continuing education Airfare Hotel Registration Auto Meals	Check
	Total	8,044		
Attach	ment to Form LM-30, Line 1	2.a,b		
	January 1, 2004 through = December 31, 2004	15,483	Wages	Check

Amounts paid to as an employee of the Hawaii Masons and Plasterers Administrative Office (Administrative Office). The Administrative Office is a seperate entity used to administer and help operate employee benefit plans. It is set up through a collective bargaining agreeement between the Unoin and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

The operating expenses including wages, fringe benefits, meeting and continuing education are allocated to the various Mason and Plasterer Trust Funds - Health & Welfare, Vacation & Holiday, Annuity, Pension, and Training. This schedule represents the Health & Welfare Fund portion of expenses.

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	Date of payments	Amount of payments	Kind of payment	Method of payment
Attac	hment to Form LM-30, Line	11.a,b		
VH	January 1, 2004 through December 31, 2004	527 483 653	Fringe benefit Health & welfare Annuity Pension	Check
	January 1, 2004 through December 31, 2004	114	Meeting expenses for attendence at quarterly trust fund meetings	Check
		55	Meeting expenses for attendence at monthly delinquency committee meetings	Check
	January 1, 2004 through December 31, 2004	84 146 89 - 102	Continuing education Airfare Hotel Registration Auto Meals	Check
	Total =	2,254		
Attach	ment to Form LM-30, Line 1	2.a,b		
	January 1, 2004 through =	4,099	Wages	Check

Amounts paid to as an employee of the Hawaii Masons and Plasterers Administrative Office (Administrative Office). The Administrative Office is a seperate entity used to administer and help operate employee benefit plans. It is set up through a collective bargaining agreeement between the Unoin and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

The operating expenses including wages, fringe benefits, meeting and continuing education are allocated to the various Mason and Plasterer Trust Funds - Health & Welfare, Vacation & Holiday, Annuity, Pension, and Training. This schedule represents the Vacation & Holiday Fund portion of expenses.

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	Date of payments	Amount of payments	Kind of payment	Method of payment
Attac	hment to Form LM-30, Line 1	1.a,b		
AN	January 1, 2004 through December 31, 2004	878 804 1,089	Fringe benefit Health & welfare Annuity Pension	Check
	January 1, 2004 through December 31, 2004	114	Meeting expenses for attendence at quarterly trust fund meetings	Check
		55	Meeting expenses for attendence at monthly delinquency committee meetings	Check
	January 1, 2004 through December 31, 2004	140 244 149 - 171	Continuing education Airfare Hotel Registration Auto Meals	Check
	Total =	3,643		
Attach	ment to Form LM-30, Line 1	2.a,b		
	January 1, 2004 through =	6,831	Wages	Check

Amounts paid to as an employee of the Hawaii Masons and Plasterers Administrative Office (Administrative Office). The Administrative Office is a seperate entity used to administer and help operate employee benefit plans. It is set up through a collective bargaining agreeement between the Unoin and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

The operating expenses including wages, fringe benefits, meeting and continuing education are allocated to the various Mason and Plasterer Trust Funds - Health & Welfare, Vacation & Holiday, Annuity, Pension, and Training. This schedule represents the Annuity Fund portion of expenses.

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	Date of payments	Amount of payments	Kind of payment	Method of payment	
Attac	hment to Form LM-30, Line	11.a,b			
PN	January 1, 2004 through December 31, 2004	1,698 1,555 2,105	Fringe benefit Health & welfare Annuity Pension	Check	
	January 1, 2004 through December 31, 2004	114	Meeting expenses for attendence at quarterly trust fund meetings	Check	
		55	Meeting expenses for attendence at monthly delinquency committee meetings	Check	
	January 1, 2004 through December 31, 2004	270 471 287 - 330	Continuing education Airfare Hotel Registration Auto Meals	Check	
	Total =	6,886			
Attach	Attachment to Form LM-30, Line 12.a,b				
	January 1, 2004 through =	13,207	Wages	Check	

Amounts paid to as an employee of the Hawaii Masons and Plasterers Administrative Office (Administrative Office). The Administrative Office is a seperate entity used to administer and help operate employee benefit plans. It is set up through a collective bargaining agreeement between the Unoin and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

The operating expenses including wages, fringe benefits, meeting and continuing education are allocated to the various Mason and Plasterer Trust Funds - Health & Welfare, Vacation & Holiday, Annuity, Pension, and Training. This schedule represents the Pension Fund portion of expenses.

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	Date of payments	Amount of payments	Kind of payment	Method of payment
Attac	hment to Form LM-30, Line	11.a,b		
TR	January 1, 2004 through December 31, 2004	761 697 944	Fringe benefit Health & welfare Annuity Pension	Check
	January 1, 2004 through December 31, 2004	114	Meeting expenses for attendence at quarterly trust fund meetings	Check
		55	Meeting expenses for attendence at monthly delinquency committee meetings	Check
	January 1, 2004 through December 31, 2004	121 211 129 - 148	Continuing education Airfare Hotel Registration Auto Meals	Check
	Total =	3,180		
Attach	nment to Form LM-30, Line 1	2.a,b		
	January 1, 2004 through December 31, 2004	5,920	Wages	Check

Amounts paid to as an employee of the Hawaii Masons and Plasterers Administrative Office (Administrative Office). The Administrative Office is a seperate entity used to administer and help operate employee benefit plans. It is set up through a collective bargaining agreeement between the Unoin and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

The operating expenses including wages, fringe benefits, meeting and continuing education are allocated to the various Mason and Plasterer Trust Funds - Health & Welfare, Vacation & Holiday, Annuity, Pension, and Training. This schedule represents the Training Fund portion of expenses.

General explanation on reporting amounts of Form LM-30

This individual is a union official for the Bricklayers AFL-CIO, Local Union #1, Labor Organization File Number 025-992 and is also a union official for the Plasterers and Cement Mason, ALF-CIO, Local Union #630, Labor Organization File Number 037-279. The amounts disclosed are total amounts received directly or on behalf of this union official and have not been allocated or prorated between the two labor organizations this individual represents.